Assistance to Govt of West Bengal included deputing central Rapid Response Teams to all the affected districts, supply of 4,20,000 capsules of Oseltamivir, 6500 personal protective equipments, 6500 N-95 masks, 150 bottles of Tamiflu syrup, 20 ventilators for critical care support. Financial assistance of Rs. 94.38 lakhs has also been granted to Government of West Bengal to carry out human surveillance using the World Health Organization Polio surveillance model.

Compulsory HIV testing before marriage

880. DR. M.A.M. RAMASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government proposes to make HIV testing Compulsory before marriage;

(b) if so, the details thereof;

(c) the States where HIV positive cases are spreading at a faster pace; and

(d) what steps Government proposes to take to curtail the incidents of HIV positive cases in the country?

THE MINISTER OF STATE IN THE MINISTRYOF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No, Sir. The Government does not propose to make HIV testing compulsory before marriage. As the National Testing Policy reiterates that there can be no compulsory HIV testing. Moreover, test has to be carried out maintaining the client confidentiality and should be voluntary. In case of marriage, if one of the partners insists on HIV testing of the other partner; such tests should be carried out by the contracting party to the satisfaction of the person concerned.

(c) States of Bihar, Jammu & Kashmir, Jharkhand, Orissa, Rajasthan, West Bengal and Union territory of Pondicherry have shown an increase in HIV prevalence amongst the adult population according to the surveillance carried out from 2002-2006.

(d) Under the National AIDS Control Programme (2007-2012), up scaling of targeted interventions among the high risk group, behaviour change communication for improved awareness, expanding, counseling and testing services, blood safety, support and treatment of HIV infected persons including the treatment of opportunistic infections, provision of anti-retroviral drugs and mainstreaming of HIV intervention strategies are being implemented for the prevention of new infections.

Quacks in **the Capital**

881. SHRI ABU ASIM AZMI:
SHRI AMAR SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that more than 40,000 quacks settled in Delhi, have been selling counterfeit and substandard drugs fearlessly for the last several years, as per Delhi Medical Council report;

(b) if so, whether Government had carried out any survey to ascertain the existence of quacks in the Capital and if so, the details thereof and the action taken against them; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRYOF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The State Medical Councils which grant registration to practitioners are empowered to take action where called for against Quacks. The provisions exist in the Indian Medical Council Act, 1956 and Indian Medicine Central Council Act, 1970 and Homoeopathy Central Act, 1973 to take action against unqualified/ unregistered practitioners of medicine. Any person who acts in contravention of the provision can be punished with impresonment and fine under respective Acts. Since, the responsibility of enforcement of the statutory provisions is that of concerned State Governments, no data on quacks/fake medical paractitioners is maintained by the Central Government.

Unafordable hospital expenses

882.SHRIV.NARAYANASAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a survey conducted by the National Council for applied Research, New Delhi has revealed that one earning member of household if hospitalized pushes the middle class house hold below poverty line; and

(b) if so, the measures Government is taking to protect the family of ailing bread earner of the family.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The National council of Applied Economic Research (NCAER) in association with the Max New York conducted a Survey in the country with a probability sample comprising 63,016 households spread over 1976 villages. One of the main objectives of the study was to understand the significance and potential of life insurance as a risk monitoring tool for Indian household. According to survey "when hardship fall on Indian households (such as the death of the chief earner or a major illness in the family), most households draw down on current savings". The survey further indicates that about 4% of the households are in a position to sustain themselves beyond a year if they lost their major source of household income. Government of India however is not associated with the above survey.

(b) Measures initiated to provide effective healthcare facilities, include inter-alia:

- Launching of the National Rural Health Mission in April, 2005 to provide accessible, affordable and reliable health care especially to the poor and vulnerable sections of the society;
- Strengthening of Primary and Secondary health infrastructure and improving service delivery system in the country;
- Strengthening of tertiary health care through Pradhan Mantri Swasthya Suraksha Yojana(PMSSY);
- Implementation of several Centrally Sponsored disease control programmes like National Vector Borne Disease Control Programme, National Blindness Control Programme, National T.B. Control Programme, National AIDS Control Programme, National Cancer Control Programme (including Tobacco Free Initiatives) etc.;